is present in all cases, differing greatly in degree. Rigidity in abdominal muscles, much more marked on the affected side, is constant and a sign of value. Abdominal distension by tympanites varies greatly, may be entirely absent in the worst form of sudden perforation. Tumors, of greater or less size, may usually be detected at a very early stage. The combination of symptoms present usually renders a correct diagnosis as to the seat of the disease easy, but in reference to the stage which the disease has reached—that is, whether pus has formed or not, whether the appendix is already perforated or not, even sometimes whether already general septic peritonitis exists or not—the diagnosis is often very doubtful. In the early stage no accurate diagnosis can be made as to whether the appendix is perforated or not, excepting in those cases in which comparatively mild symptoms suddenly become much aggravated, where perforation or the rupture of an abscess may be inferred. A further aid to diagnosis is needed, positive and rapid. The author sees no clearer road than exploratory laparotomy permitting direct inspection of parts. Acting upon this conviction, he has already done early exploratory incision in eleven cases, in all of which serious disease of the appendix was revealed justifying its excision. One death followed the operation, probably from intestinal obstruction by a band not discovered. In every case operation was done as soon as possible after it was seen, except in the fatal case, where a delay of twelve hours was indulged for various reasons.

As contraindications to early operation, the author presents very great abdominal distension, unusual obesity, and, most important of all, the absence of any of the necessary safeguards and aids, such as skilled assistants, good light and the requisite appliances for aseptic work.—*New York Medical Journal*, 1889, December 21.

X. **A Case of Cholecystenterostomy.** By Mr. A. W. Mayo Robson (Leeds). The patient, a married woman, had had abdominal section performed in April, 1887, for pelvic distress, on account of which she had been a confirmed invalid for several years. After the operation, in which a right pyosalpinx was removed, she had been able to resume her work, and had enjoyed excellent health. On January

9, 1888, she was readmitted to the infirmary suffering from acute peritonitis, with a tumor in the region of the gall bladder. On January 14 laparotomy was performed through the upper part of the right linea semilunaris, and eight ounces of fœtid pus removed from the gall bladder. Exploration of the ducts by finger and probe failed to discover any gall stones. The gall bladder was stitched to the abdominal wound and drained, and the patient made a good recovery, with the exception of having a biliary fistula. Although she retained good health during the fifteen months when the fistula was open and discharging the whole of the bile, her condition was a very miserable one, since no apparatus could be satisfactorily made to catch the overflowing fluid when she was walking about, and her dressings and clothes soon became saturated. On March 2, 1889, cholecystenterostomy was performed by reopening the abdomen through the old cicatrix in the right linea semilunaris. The viscera in the neighborhood were found to be so matted together that it seemed to be impossible to fix the gall bladder to the duodenum, and as the hepatic flexure of the colon was conveniently near, the gall bladder was fixed to it by a double row of chromicised catgut sutures, a free communication being made between the two viscera, and the outer opening (the old fistula) of the gall bladder was stitched up. In order to guard against accident a glass drainage tube was placed in the right kidney pouch, and brought out at the lower end of the wound. The outer surface of the gall bladder evidently gave way to some extent, for bile appeared through the drainage tube within a few days of the operation, followed shortly by a fæcal discharge. The wound granulated, and, after a few weeks, completely healed, the motions toward the end becoming more and more bile-stained, until they became quite normal. The author believed the operation was first proposed by Nussbaum, who suggested its use in cases of irremediable obstruction in the common duct. He believed that the operation had only been done once successfully before the present case, and that by Kappeler in a woman, æt. 51 years. He thought that it had never been previously performed for the cure of a biliary fistula. Since writing his paper the author had had a communication from M. Terrier, of Paris, saying that he had performed the

operation successfully in a case of irremediable obstruction of the duct, and another case had also been reported from America.—*British Medical Journal*, 1889, November 30.

## GENITO-URINARY ORGANS.

I. **On the Results of the Treatment of Hydrocele.** By Dr. E. VORWINKEL (HEIDELBERG). This article covers the cases, 90 in number, at Czerny's clinic, from 1878 to 1887 inclusive. These hospital cases are each briefly described. Then the cause and seat of the disease, the kind of operation, manner of healing, are considered, and at the end tabulated. The cases of hæmatocele and spermatocele occurring during the same period are also included, as their treatment is similar.

*A.* Cases treated by simple puncture, 2. One was a probably congenital hydrocele and the other a traumatic hæmatocele. Both were cured. This plan he has used largely in out-patient department.

*B.* Cases treated by puncture and subsequent injection of iodine solution, 48. Duration of cure 2 to 14 days (averaging 7 to 8). Rise of temperature occurred in several cases, but never suppuration. Of late he practices Englisch's method of first injecting 2% carbolic or $^1/_{20}$% sublimate solution, with the result of usually preventing any fever. It is known that in only 6 of the 32 cases did a relapse occur (81$^1/_4$% completely cured).

*C.* Treated by puncture and injection of other solutions than iodine, 3 cases. Carbolic or sublimate solutions, or both, were here used with 1 satisfactory cure.

*D.* In which the radical operation of Volkmann was undertaken, 25. Duration of cure 10 to 49 days (average 23). Complete absence of fever in 13; uninterrupted healing of wound in 18; no relapse in 17 (of 18 known cases, or 94.5%).

*E.* In which Bergmann's total extirpation of the tunica vaginalis was undertaken, 3. Uninterrupted cures, 2 at least remaining free from relapse.

*F.* In which various modifications of the radical operation were attempted, 5; 1 was a complication with omental hernia; in another